

County of San Diego
Health and Human Services Agency, Mental Health Services
Mental Health Services Act Community Services and Supports Plan

Executive Summary

San Diego County Mental Health Services (SDMHS) has completed the Community Services and Supports (CSS) plan for how to use new MHSA funding.

This CSS Plan describes how SDMHS proposes to use approximately \$25.4 million each year for new community services and supports for children and youth with serious emotional disturbance (SED), and transition age youth, adults, and older adults with serious mental illness (SMI).

How Was The CSS Plan Developed?

- Collected a broad range of input about community issues, needs, and services from clients, family members, service providers, and other stakeholders.
- SDMHS conducted 11 Community Forums, 25 meetings for special populations, and participated in 30 meetings with consumers at clubhouses, Board and Care and other facilities.
- Consumers and family members were hired to help develop the plan, and to collect over 900 surveys from consumers.
- Established MHSA Workgroups for Children and Youth, Adults, and Older Adults to review community input, prioritize and make service recommendations to the SDMHS Director.
- Established the Cross Threading Workgroup (CTW) composed of clients, family members, and advocates to review and finalize the workgroup recommendations, and made recommendations for the Critical Reserve Needs that support additional services and one-time funds.

What is the Mental Health Services Act (MHSA)?

In November 2004, California voters approved a measure to expand mental health service funding for a comprehensive, community-based mental health system for Californians who need it most.

The MHSA has six separate components:

1. Community Program Planning
2. Community Services & Supports
3. Prevention/Early Intervention
4. Innovations
5. Capital Facilities & Technology
6. Education & Training

The MHSA calls for five essential elements of a transformed mental health system:

- Community Collaboration
- Cultural Competence
- Client/Family Driven
- Recovery and Wellness Focus
- Integrated Service Experience

In addition, the MHSA will hold counties accountable for specific outcomes, including:

- Decrease health disparities, hospitalization, incarceration
- Increase access to care
- Decrease out-of-home placements
- Decrease homelessness
- Increase meaningful use of time and capabilities

San Diego County's final CSS Plan is now posted at www.sandiego.networkofcare.org/mh. Planning for other components will get underway next year.

San Diego County salutes the input and work of the many client, family members and community stakeholders who helped develop this plan. This three-year plan will be updated annually.

What Services Are Included In The CSS Plan?

After deliberation, the MHSA Workgroups recommended the following array of services to be funded under the MHSA for all the target populations. These new services are consistent with the community input received, the MHSA, and DMH guidelines. All proposed services are anchored in community collaboration, cultural competence, client/family-directed services, and in the principles of rehabilitation, recovery, resilience and children's system of care values. In accordance with AB599, veterans are eligible for all MHSA services.

San Diego County Plan Recommendations

Children and Youth: \$6,957,673

- CY.1 \$2 million for **school based outpatient services to include home or clinic based family therapy as needed** for approximately 605 uninsured, non-Medi-Cal children and youth (CY);
- CY.2. \$500,000 for(CY.2.1) **family and youth peer support self-help**, including education, training/ outreach to diverse families and youth and (CY.2.2) peer case management for families. Approximately 535 CY will be served;
- CY.3 \$400,000 for an **outpatient program** with enhanced services designed to specifically serve approximately 66 Latino and Asian Pacific Islander children/youth with SED and their families;
- CY.4. \$750,000 for (CY.4.1) **outreach and screening, outpatient mental health services in primary care** clinics to promote integrated service delivery and (CY.4.2) **mobile emergency response team** to prevent unnecessary hospitalization. Approximately 850 CY will be served;
- CY.5 \$1.23 million in services for un/underinsured CY, including **wards and dependents**, from the **juvenile justice system**. Services include (CY5.1) medication support, (CY 5.2) integrated & coordinated outpatient therapy and outreach to those in juvenile justice court and community schools, and (CY 5.3)short-term intensive case management for homeless and runaway CY. Approximately 269 CY will be served;
- CY.6 \$300,000 for family therapy programs for parents and **children aged 0-5**, in coordination with the First Five Commission. Approximately 55 CY to be served;
- CY.7 \$1.65 million to provide intensive case management and **“wraparound services”** for approximately 113 SED children and youth, featuring small caseloads and coordination for dependents and wards from the Juvenile Justice system.
- CY.8 \$150,000 to provide mental health services to children/youth in out-of-home care or at risk of entering out-of-home care to prevent residential

treatment/institutionalization (CWS). Approximately 150 CY will be served;

Transition Age Youth (TAY) (Ages 16-25): \$3,729,625

- TAY.1 \$1.5 million to provide intensive 24/7 case management/**wraparound services** for 156 TAY; this program will include 100 **housing** units provided by one-time funds in the first year or by capital facilities funds;
- TAY.2 \$350,000 for **clubhouse** services geared to this age group. Approximately 420 TAY will be served;
- TAY.3 \$769,000 for a **dual diagnosis residential program** with a 12-bed capacity. Approximately 36 TAY will be served;
- TAY.4 \$1.11 million for **enhanced outpatient** services that include rehabilitation and recovery services. Approximately 470 TAY will be served.

Adults: \$8,287,502

- A.1 Almost \$3.37 million in intensive case management/**wraparound services** for persons who have serious mental illness, who are homeless and/or are utilizers of acute inpatient care. This program will also provide an array of housing options. Approximately 200 **housing** units via one-time funds or capital facilities funds will be developed. This program will serve 324 clients;
- A.2 \$1.2 million for outpatient mental health and rehabilitation services, intensive case management and wraparound services for approximately 111 SMI, to divert clients from the **justice system**. **Housing** options will be provided and we will seek 100 units to be funded by one-time funds or capital facilities funds;
- A.3 \$420,000 for **client-operated peer support services**, peer education, advocacy, employment support services, and skill development classes to be provided in outpatient clinics and Board and Care facilities, serving approximately 1,400 clients;
- A.4 \$70,000 for **family education in English, Spanish, Vietnamese and Arabic**. Approximately 240 family members will be served;
- A.5 \$1.18 million to **enhance existing clubhouses** and expand employment services. Approximately 500 clients will be served;
- A.6 \$350,000 for **supported employment services**, i.e. job screening, job preparation and job placements. Approximately 60 clients will be served;
- A.7 \$700,000 to integrate **mental health services at primary care health clinics**, where unserved linguistically and ethnically diverse groups regularly go for services. Approximately 700 clients will be served;
- A.8 \$1 million to **enhance outpatient** rehabilitation and recovery services for 424 clients.

Older Adults (60 years of age and over): \$2,160,471

- OA.1 \$900,000 for 24/7 outpatient mental health rehabilitation and recovery services, intensive case management/**wraparound services** for 83 older adults with SMI receiving only emergency services and acute inpatient care. **Housing** options will also be included for approximately 83 units via one-time or capital facilities funds;
- OA.2 \$805,471 for **mobile outreach** to isolated older adults in their homes or to outreach to older adults who are homeless or at risk of homelessness. Approximately 700 clients will be served;
- OA.3 \$455,000 to **integrate mental health services at community primary care health clinics** using a collaborative approach to treatment in a familiar, comfortable location for services for linguistically and ethnically diverse older adults. Approximately 455 clients will be served.

ALL (all age groups): \$966,729

- ALL.1 \$194,600 to provide outpatient mental health services to 65 SED/SMI children, youth, adults, and older adults who are **deaf and hard of hearing**.
- ALL.2 \$194,600 to provide outpatient mental health services to 65 SED/SMI children, youth, adults, and older adults who are **victims of trauma or torture**.
- ALL.3 \$577,234 to provide **walk-in assessment services in North County** for children and youth with SED and SMI adults of all ages. The program will provide daytime emergency mental health evaluations and crisis intervention with appropriate linkages to services.

What Happens Next?

On December 13, 2005, the final CSS Plan will be submitted to the San Diego County Board of Supervisors for review and approval. Upon this approval, the final CSS Plan will be submitted to the State Department of Mental Health. The Network of Care for mental health web site will continue to have updated information. The State will take up to three months to review and approve the Plan. Planning for the other MHSA components, and related additional funding, will begin during this time.